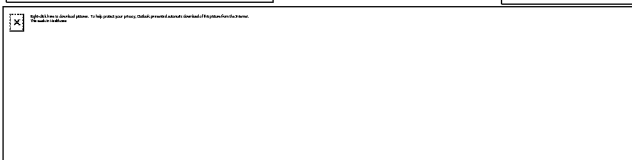


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New 'statement of work' sets Medicare goals

By John Reichard, CQ HealthBeat Associate Editor
March 7, 2011



A proposal setting out goals for improving the quality of care in Medicare is a "call to action" to make dramatic improvements in the program, says an executive with one of the entities responsible for carrying out the agenda.

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ANALYSIS



Ray Fabius, MD
DFACPE
Chief Medical
Officer,
Thomson
Reuters



Jean Chenoweth
Senior Vice President,
Performance
Improvement and 100
Top Hospitals,
Thomson Reuters

Ray Fabius and Jean Chenoweth of Thomson Reuters [answer questions](#) from Dena Bunis, CQ HealthBeat Managing Editor, about the new 'statement of work.'



Rebates lead Medicare to overpay for drug plans — report

By Rebecca Adams, CQ HealthBeat Associate Editor
March 4, 2011

Medicare officials may start questioning health insurers about whether they are under-estimating the money they get from prescription drug manufacturers' rebates, after a report said that 69 percent of the time in 2008 insurers got higher rebates than they originally forecast.

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ANALYSIS



Ray Fabius, MD DFACPE
Chief Medical Officer,
Thomson Reuters

Ray Fabius [answers questions](#) from Dena Bunis, CQ HealthBeat Managing Editor, about the report on Medicare, insurers and rebates.

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Judge gives healthcare law a reprieve but demands federal action

By Jane Norman, CQ HealthBeat Associate Editor
March 3, 2011

Implementation of the healthcare law will move forward following an order by a federal district court in Florida but, clearly impatient, Judge Roger Vinson also ordered the government to move more quickly toward a definitive decision by the U.S. Supreme Court on the law's constitutionality.

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ANALYSIS



Ray Fabius, MD
DFACPE
Chief Medical
Officer,
Thomson
Reuters



David Nelson
Director,
Market Planning &
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Thomson Reuters

Ray Fabius and David Nelson of Thomson Reuters [answer questions](#) from Dena Bunis, CQ HealthBeat Managing Editor, about the court ruling.

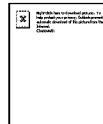
Berwick: ACO rule should be right rather than rushed

By Jane Norman, CQ HealthBeat Associate Editor
March 8, 2011

A long-awaited rule on accountable care organizations has been delayed because it's so important to get it right, Centers for Medicare and Medicaid Services Administrator Donald M. Berwick told health insurers Tuesday.

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ANALYSIS



Jean Chenoweth
Senior Vice President, Performance Improvement and 100
Top Hospitals,
Thomson Reuters

Berwick is wise to go slow with the regulations for ACOs. Coordinated care through ACOs is the heart of reform. It should mean that all patients, especially the chronically ill, will need less acute care and use the emergency room less frequently, thereby saving huge sums of money. Such providers as Duke University Hospital, Gundersen Lutheran Health System and Geisinger Health System have proven the wisdom of this approach. "Getting it right" is of paramount importance to our economy and to all Americans. And as Berwick appears unlikely to get the Republicans he needs to get behind his re-nomination in the U.S. Senate, he needs to get it right the first time.

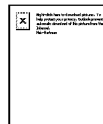
Maine gets official OK to modify medical-loss ratio rules

By Rebecca Adams, CQ HealthBeat Associate Editor
March 8, 2011

The Department of Health and Human Services granted the first state-specific adjustment to the medical-loss ratio rules for individual health insurance by approving Maine's request to allow its insurers to spend 65 percent, rather than 80 percent, of premiums on medical care.

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ANALYSIS



Anita Nair-Hartman
Director, Market Planning & Strategy, Performance
Improvement and 100 Top Hospitals, Thomson Reuters

States and insurers both will welcome the flexibility the U.S. government appears to be showing with implementation of the medical-loss ratio regulation. With this policy, state insurance commissioners will be able to ensure consumers can secure coverage from solvent health insurers. We can expect more states like Maine with limited insurance options to apply for an exception.

FDA pulls unapproved prescription cold, allergy drugs

By Rebecca Adams, CQ HealthBeat Associate Editor
March 2, 2011

The Food and Drug Administration announced that 500 prescription cold and allergy drugs may no longer be sold in the United States. The action continued the FDA's efforts to scrutinize prescription drugs that never went through the approval process because they were first sold before modern FDA review requirements took effect.

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ANALYSIS



Mike Chace-Ortiz
Senior Director, Product Strategy (Generics & API
Intelligence),
Thomson Reuters

While the removal of 500 or so older, unapproved cough and cold remedies from the market is a step forward, there still remain several hundred more such products in existence in other therapeutic categories. These are the so-called DESI drugs, named after the Drug Efficacy Study Implementation program begun by the FDA to determine the effectiveness of medications arriving on the market before 1962.



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